

# State of Washington Application for a Water Right Please follow the attached instructions to avoid unnecessary delays. '97\_

For Ecology Use	
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ame Gwen Cow LISH AW  (ailing Address 125 Simon Rd	Home Tel: (509) 422- 3917
ailing Address 125 Simon Rd	Work Tel:( ) -
ty KANOGAN State WA Zip+4 988	840 + 9517 FAX:( ) -
	LL ABOUT THE APPLICATION          Home Tel:()
Section 3. STATEMENT OF INTENT  The applicant requests a permit to use not more than  cubic feet per second) from a \Box surface water source of	159al - (Mallons per minute or
maga(a) of	ATTACH A "LEGAL"  Ictions.) NOTE: A tax parcel number or a plat number is  HILDAD FIFICHMAY 97, PMK Per Call 14 To  et per year: O acre ft. Per year
Check if the water use is proposed for a short-term	n project. Indicate the period of time that the water will be
needed: From 5/1/ to 10/1/	
needed: From 5/1/ to 10/1/ Section 4. WATER SOURCE	
needed: From 5/1/ to 10/1/ Section 4. WATER SOURCE  If SURFACE WATER  Name the water source and indicate if stream, spring, ake, etc. If unnamed, write "unnamed spring,"	_ each Year
needed: From 5/1/ to 10/1/ Section 4. WATER SOURCE  If SURFACE WATER  Name the water source and indicate if stream, spring, ake, etc. If unnamed, write "unnamed spring," "unnamed stream," etc.:	LACH YEAR  If GROUNDWATER
needed: From 5/// to 10/// Section 4. WATER SOURCE  If SURFACE WATER  Name the water source and indicate if stream, spring, lake, etc. If unnamed, write "unnamed spring," "unnamed stream," etc.:  Number of diversions: No Ne	LACH YEAR  If GROUNDWATER
needed: From 5/1/ to 10/1/  Section 4. WATER SOURCE  If SURFACE WATER  Name the water source and indicate if stream, spring, lake, etc. If unnamed, write "unnamed spring," "unnamed stream," etc.:  Number of diversions: None  Source flows into (name of body of water):	If GROUNDWATER  A permit is desired for 1 well(s).
needed: From 5/1/ to 10/1/  Section 4. WATER SOURCE  If SURFACE WATER  Name the water source and indicate if stream, spring, lake, etc. If unnamed, write "unnamed spring," "unnamed stream," etc.:  Number of diversions:  No Ne  LOCATION  Enter the north-south and east-west distances in feet	If GROUNDWATER  A permit is desired for 1(1) well(s).  Size & depth of well(s):  205' DRILLED WELL  from the point of diversion or withdrawal to the
needed: From 5/1/ to 10/1/  Section 4. WATER SOURCE  If SURFACE WATER  Name the water source and indicate if stream, spring, lake, etc. If unnamed, write "unnamed spring," "unnamed stream," etc.:  Number of diversions:  No Ne  LOCATION  Enter the north-south and east-west distances in feet	If GROUNDWATER  A permit is desired for 1 well(s).  Size & depth of well(s):  205 DRILLED WOLL  from the point of diversion or withdrawal to the  - from ALL 4 CORNERS - 46 AC  HWY 97 — PARCEL #3326310011  If location of source is platted, complete below:
Section 4. WATER SOURCE  If SURFACE WATER  Name the water source and indicate if stream, spring, lake, etc. If unnamed, write "unnamed spring," "unnamed stream," etc.:  Number of diversions:	If GROUNDWATER  A permit is desired for 1 well(s).  Size & depth of well(s):  205 DRILLED WOLL  from the point of diversion or withdrawal to the

ECY 040-1-14 Rev. 9/95 F

**APPLICATION** 

Appl. No.: 64-32615

Sec	ction 5. GENERAL WATER SYSTEM INFORMATION			
Α.	Name of system, if named: None			
В.	Briefly describe your proposed water system. (See instructions.)			
	Home Use+ALSO IRRIGATE - 2 ACRES - 3 SPRINKLERS			
	Home Use+ALSO IRRIGATE - 2 ACRES - 3 SPRINKLERS FROM- 4/15 TILL OCT IST -			
C.	Do you already have any water rights or claims associated with this property or system? $\Box$ YES $\Box$ NO PROVIDE DOCUMENTATION.			
	ction 6. DOMESTIC / PUBLIC WATER SUPPLY SYSTEM INFORMATION ompleted for all domestic/public supply uses.)			
A.	Number of "connections" requested: None Type of connection Home + IRR'16 ATION (Homes, Apartment, Recreational, etc.)			
В.	Are you within the area of an approved water system?  If yes, explain why you are unable to connect to the system. Note: Regional water systems are identified by your County Health Department.			
Con	nplete C. and D. only if the proposed water system will have fifteen or more connections.			
C.	Do you have a current water system plan approved by the Washington State Department of Health?			
	If yes, when was it approved? $2/19/97$ Please attach the current approved version of your plan.			
D.	Do you have an approved conservation plan?  If yes, when was it approved? Please attach the current approved version of your plan.			
Se	ction 7. IRRIGATION/AGRICULTURAL/FARM INFORMATION			
(C	omplete for all irrigation and agriculture uses.)			
A.	Total number of acres to be irrigated:			
B.	List total number of acres for other specified agricultural uses:			
	Use 40 Acres GRAZING LAND + STRAW BERR Use Acres			
	UseAcres			
C.	Total number of acres to be covered by this application:			
D.	Family Farm Act (Initiative Measure Number 59, November 3, 1977)  Add up the acreage in which you have a controlling interest, including only:  ‡ Acreage irrigated under water rights acquired after December 8, 1977;  ‡ Acreage proposed to be irrigated under this application;  ‡ Acreage proposed to be irrigated under other pending application(s).			
	<ol> <li>Is the combined acreage greater than 2000 acres?</li> <li>Do you have a controlling interest in a Family Farm Development Permit?</li> <li>If yes, enter permit no:</li> </ol>			
E.	Farm uses:  Stockwater - Total # of animals None AT THIS TIME  Animal type (If dairy cattle, see below)  Dairy - # Milking # Non-milking			

### Section 8. WATER STORAGE

Will you be using a dam, dike, or other structure to retain or store water?

NOTE: If you will be storing 10 acre-feet or more of water and/or if the water depth will be 10 feet or more at the deepest point, and some portion of the storage will be above grade, you must also apply for a reservoir permit. You can get a reservoir permit application from the Department of Ecology.

#### Section 9. DRIVING DIRECTIONS

Provide detailed driving instructions to the project site.

Hwy 97 NORTH AT HWY MARKER 284-TURN RIGHT ON GRAVEL ROAD - 12 MILE - - 1st Home ON RIGHT -

# Section 10. REQUIRED MAP

Attach a map of the project. (See instructions.) A.

## Section 11. PROPERTY OWNERSHIP

- YES NO Does the applicant own the land on which the water will be used? If no, explain the applicant's interest in the place of use and provide the name(s) and address(es) of the owner(s):
- B. Does the applicant own the land on which the water source is located? If no, submit a copy of agreement:

I certify that the information above is true and accurate to the best of my knowledge. I understand that in order to process my application, I grant staff from the Department of Ecology access to the site for inspection and monitoring purposes. Even though I may have been assisted in the preparation of the above application by the employees of the Department of Ecology, all responsibility for the accuracy of the information rests with me.

Leven Cowlishow

12/15/97

Date

Landowner for place of use (if same as applicant, write "same")

	reason(s):	
Examination fee was not enclosed		APPLICANT PLEASE RETURN TO CASHIER, PO BOX 5128, LACEY, WA 98509-5128
Section number(s)incomplete	is/are	APPLICANT PLEASE RETURN TO THE APPROPRIATE REGIONAL OFFICE
Explanation:		
Please provide the additional information requested (do		application by
Scology staff	Date	

Use this page to continue your answers to any questions on the application. Please indicate section

number before answer.

To receive this document in alternative format, contact Lisa Newman at (360) 407-6604 (Voice) or (360) 407-6006 (TDD).